

## ***REPORT - HIPAA 820 to AFRSc mapped fields only***

<i><b>Loop</b></i>	<i><b>SegID</b></i>	<i><b>HIPAA Name</b></i>	<i><b>DT</b></i>	<i><b>Req</b></i>	<i><b>File</b></i>	<i><b>Field</b></i>	<i><b>DT</b></i>	<i><b>Comment</b></i>	<i><b>CommentType</b></i>
		<b>Payment Order/Remittance Advice</b>						Sponsors are DSHS Admins sending premiums outbound to HMOs	Translation
<b>ST</b>		<b>820 Header</b>		<b>R</b>					
ST 01		Transaction Set Identifier Code	ID3	R				Hard code "820"	Translation
ST 02		Transaction Set Control Number	AN9	R				Generate a sequence number for each ST-SE in a batch.	Translation
<b>BPR</b>		<b>Financial Information</b>		<b>R</b>				Use BPR05+ only if doing EFT (BPR04="ACH")	Translation
BPR01		Transaction Handling Code	ID2	R				Hard code "P"=pre-notify to test; else "I"	Translation
BPR02		Total Premium Payment Amount	R18	R				Compute sum of all actual paid amounts in this transaction (sum of all RMR04)	Translation
BPR03		Credit or Debit Flag Code	ID1	R				Hard code "C"	Translation
BPR04		Payment Method Code	ID3	R				If blank, use "CHK", if "P", use "NON", else "ACH"	Translation
BPR05		Payment Format Code	ID10	S				Required if EFT.	HIPAA Required
BPR16		Check Issue or EFT Effective Date	DT8	R				Required	HIPAA Required
<b>TRN</b>		<b>Reassociation Key</b>		<b>R</b>					
TRN01		Trace Type Code	ID2	R				Hard code "1"	Translation
TRN02		Check or EFT Trace Number	AN30	R				If BPR04="NON" generate unique ID across all remittance advices; if BPR04="CHK" use check number; if BPR04="EFT" use ACH number	HIPAA Required

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	TRN03	Originating Company Identifier	AN10	S				Same as BPR10, in case different payers use the same TRN02 numbers	Translation
	<b>CUR</b>	<b>Non-US Dollars Currency</b>		<b>S</b>					
	<b>REF</b>	<b>Premium Receivers Identification Key</b>		<b>S</b>					
	REF01	Reference Identification Qualifier	ID3	R				Hard code "14"-master account number (HMO's ID for sponsor's contract)	Translation
	REF02	Premium Receiver Reference Identifier	AN30	R				Need to obtain HMO's ID for sponsor's contract via contract managers	HIPAA Required
	<b>DTM</b>	<b>Process Date</b>		<b>S</b>					
	<b>DTM</b>	<b>Delivery Date</b>		<b>S</b>					
	<b>DTM</b>	<b>Coverage Period</b>		<b>S</b>				Required if not paying an invoice	HIPAA Required
	DTM01	Date Time Qualifier	ID3	R				Hard code "582"-report period	Translation
	DTM05	Date Time Period Format Qualifier	ID3	R				Hard code "RD8"	Translation
	DTM06	Coverage Period	AN35	R				Hard code the next calendar month, Format as CCYYMMDD-CCYYMMDD	Translation
<b>1000A</b>	<b>N 1</b>	<b>Premium Receiver's Name</b>		<b>R</b>					
<b>1000A</b>	<b>N 1</b>	<b>Premium Receiver's Name</b>		<b>R</b>					
1000A	N 101	Entity Identifier Code	ID3	R				Hard code "PE"-payee	Translation
1000A	N 102	Information Receiver Last or Organization Name	AN60	S	AFRS-screen-E	VENDNAME	PIC X(32).		
1000A	N 103	Identification Code Qualifier	ID2	S				Send "EQ" with payer's ID for vendor	Translation
1000A	N 104	Receiver Identifier	AN80	S	AFRS-screen-E	VENNO	PIC X(10).		

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1000A	N 104	Receiver Identifier	AN80	S	AFRS-screen-E	VENSUFF	PIC X(2).		
<b>1000A</b>	<b>N 2</b>	<b>Premium Receiver Additional Name</b>		<b>S</b>					
<b>1000A</b>	<b>N 3</b>	<b>Premium Receiver's Address</b>		<b>S</b>					
<b>1000A</b>	<b>N 4</b>	<b>Premium Receiver's City, State, Zip</b>		<b>S</b>					
<b>1000B</b>	<b>N 1</b>	<b>Premium Payer's Name</b>		<b>R</b>					
<b>1000B</b>	<b>N 1</b>	<b>Premium Payer's Name</b>		<b>R</b>					
1000B	N 101	Entity Identifier Code	ID3	R				Hard code "PR"-payer	Translation
1000B	N 102	Premium Payer Name	AN60	S				Hard code "WA DSHS <admin>"	HIPAA Required
1000B	N 103	Identification Code Qualifier	ID2	S				Hard code "XV" when PlanID used; else "FI"-federal tax ID	Translation
1000B	N 104	Premium Payer Identifier	AN80	S	AFRS-screen-E	AGENCY	PIC X(4).	Is this the program ID code? Hard code sponsor's National PlanID when used; else federal tax ID	HIPAA Required
<b>1000B</b>	<b>N 2</b>	<b>Premium Payer Additional Name</b>		<b>S</b>					
<b>1000B</b>	<b>N 3</b>	<b>Premium Payer's Address</b>		<b>S</b>					
1000B	N 301	Premium Payer Address Line	AN55	R				Hard code sponsor's address	Translation
<b>1000B</b>	<b>N 4</b>	<b>Premium Payer's City, State, Zip</b>		<b>S</b>					
1000B	N 401	Premium Payer City Name	AN30	R				Hard code sponsor's address	Translation
1000B	N 402	Premium Payer State Code	ID2	R				Hard code sponsor's address	Translation
1000B	N 403	Premium Payer Postal Zone or ZIP Code	ID15	R				Hard code sponsor's address	Translation

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1000B	PER	Premium Payer's Administrative Contact		S				Put optional sponsor contact in case needed by premium receiver.	Nice to Have
1000B	PER01	Contact Function Code	ID2	R				Hard code "IC"	Translation
2000A	ENT	Organization Summary Remittance		S				If sending a premium without member details, just sent one loop with the totals.	Processing Logic
2000A	ENT	Organization Summary Remittance		S				"Organization" = sponsor	Translation
2000A	ENT01	Assigned Number	N06	R				hard code "1"-one loop with totals	Translation
2000A	ENT02	Entity Identifier Code	ID3	R				Hard code "2L"-summary payment only	Translation
2000A	ENT03	Identification Code Qualifier	ID2	S				Hard code "FI"-TaxID	Translation
2000A	ENT04	Organization Identification Code	AN80	S				hard code sponsor's TaxID	HIPAA Required
2300A	RMR	Organization Summary Remittance Detail		R				Send multiple RMR loops if multiple contracts per premium receiver.	Processing Logic
2300A	RMR	Organization Summary Remittance Detail		R					
2300A	RMR01	Reference Identification Qualifier	ID3	R				hard code "1L"-group number	Translation
2300A	RMR02	Contract, Invoice, Account, Group, or Policy Number	AN30	R	AFRS-screen-E	AGENCY	PIC X(4).	Need to obtain HMO's ID for sponsor's contract	HIPAA Required
2300A	RMR04	Detail Premium Payment Amount	R18	R	AFRS-screen-E	AMT	PIC 9(11)V99.		
2300A	RMR05	Billed Premium Amount	R18	S	AFRS-screen-E	AMT	PIC 9(11)V99.		
2310A	IT1	Summary Line Item		S					
2310A	IT1	Summary Line Item		S					

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2310A	IT101	Line Item Control Number	AN20	R				hard code "1"	Translation
<b>2315A</b>	<b>SLN</b>	<b>Member Count</b>		<b>S</b>					
<b>2315A</b>	<b>SLN</b>	<b>Member Count</b>		<b>S</b>					
2315A	SLN01	Line Item Control Number	AN20	R				hard code "1"	Translation
2315A	SLN03	Information Only Indicator	ID1	R				hard code "O"-information only	Translation
2315A	SLN04	Head Count	R15	R				Need a count of number of members.	HIPAA Required
2315A	SLN05	Unit or Basis for Measurement Code	ID2	R				hardcode "IE"-person	Translation
<b>2320A</b>	<b>ADX</b>	<b>Organization Summary Remittance Level Adjustment</b>		<b>S</b>					
<b>2320A</b>	<b>ADX</b>	<b>Organization Summary Remittance Level Adjustment</b>		<b>S</b>					
<b>2000B</b>	<b>ENT</b>	<b>Individual Remittance</b>		<b>S</b>					
<b>2000B</b>	<b>ENT</b>	<b>Individual Remittance</b>		<b>S</b>					
2000B	ENT01	Assigned Number	N06	R				Assign a sequence # for each individual in the transaction	Translation
2000B	ENT02	Entity Identifier Code	ID3	R				Hard code "2J"-individual details	Translation
2000B	ENT03	Identification Code Qualifier	ID2	R				Send "34" with SSN.	Translation
2000B	ENT04	Receiver's Individual Identifier	AN80	R				HIPAA requires either EIN or SSN, which does not apply in public health!	HIPAA Required
<b>2100B</b>	<b>NM1</b>	<b>Individual Name</b>		<b>S</b>					
<b>2100B</b>	<b>NM1</b>	<b>Individual Name</b>		<b>S</b>					
2100B	NM101	Entity Identifier Code	ID3	R				Hard code "EY"-employee	Translation
2100B	NM108	Identification Code Qualifier	ID2	S				Hard code "N"-insured's unique ID (DSHS PIC)	Translation

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2100B	NM109	Individual Identifier	AN80	S				Get client's PIC (or other ID) from attachment. (ITEIP doesn't have this.)	Processing Logic
<b>2300B</b>	<b>RMR</b>	<b>Individual Premium Remittance Detail</b>		<b>S</b>					
<b>2300B</b>	<b>RMR</b>	<b>Individual Premium Remittance Detail</b>		<b>S</b>					
2300B	RMR01	Reference Identification Qualifier	ID3	R				Hard code "IK" if there's an invoice.	HIPAA Required
2300B	RMR02	Insurance Remittance Reference Number	AN30	R	AFRS-screen-E	INVNO	PIC X(12).	Policy # or invoice # required.	HIPAA Required
2300B	RMR04	Detail Premium Payment Amount	R18	R	AFRS-screen-E	AMT	PIC 9(11)V9 9.	This will be the HMO's; If adjusting a previous premium, this is the corrected premium amount.	HIPAA Required
2300B	RMR05	Billed Premium Amount	R18	S	AFRS-screen-E	AMT	PIC 9(11)V9 9.	Required if adjusting a previous premium, this is the previously-paid premium amount.	HIPAA Required
<b>2300B</b>	<b>DTM</b>	<b>Individual Coverage Period</b>		<b>S</b>					
2300B	DTM01	Date Time Qualifier	ID3	R				Hard code "582"	Translation
2300B	DTM06	Coverage Period	AN35	R				Required if no invoice; optional: get coverage dates from attachment.	Processing Logic
<b>2320B</b>	<b>ADX</b>	<b>Individual Premium Adjustment</b>		<b>S</b>					
<b>2320B</b>	<b>ADX</b>	<b>Individual Premium Adjustment</b>		<b>S</b>					
2320B	ADX01	Adjustment Amount	R18	R				If adjusting a previous premium, this is the different between the previously-paid premium amount and the corrected premium amount.	Translation
2320B	ADX02	Adjustment Reason Code	ID2	R				"52"-payer credit for previous overpayment, or "53"-remittance for previous underpayment	Translation

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2320B	SE	820 Trailer		R					

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### Comment Type Legend:

Case Management = "Nice to Have" fields for case reviewers.

Electronic COB = If we do electronic COB, these fields will be needed.

HIPAA Questions = Questions about interpreting the HIPAA Implementation Guides.

HIPAA Required = Required fields in HIPAA that don't seem to be in the legacy system.

Map Codes = Need to crosswalk local codes to standard codes.

Match Back = Fields received on an incoming transaction that must be returned in the response.

Nice to Have = Optional fields that are useful for other reasons.

Policy Issues = Decisions to be made by system experts.

Processing Logic = Logic that needs to be built into either the front end or MMIS.

System Questions = Questions about the legacy systems.

Translation = Only use to program translations.

### Column Heading Legend:

"DT" = Data Type

### COBOL Data Types Legend:

X(n) - Character data with length of n bytes

9(n) - Integer data with length of n bytes

S9(n) - Signed integer data with length of n bytes

9(n)V99 or 9(n)V9(2) - Numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

S9(n)V99 or S9(n)V9(2) - Signed numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

### HIPAA Data Types Legend:

ANn - Free text with length of n bytes

IDn - Coded value with length of n bytes

Nn - Numeric data with length of n bytes

Rn - Real data with length of n bytes

DT8 - Date expressed as CCYYMMDD

TM8 - Time expressed as HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds ((00-99)